

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35312

1. PLACE OF DEATH

99 County Scotland
Township Harrison
City (No. , , ,)

Registration District No. 809
Primary Registration District No. 6054

File No.
Registered No.
St. Ward)

2. FULL NAME

Fred C. Bertram
Gorin, Mo.

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 91 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carolena Bertram
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1862
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 6 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Etna
(STATE OR COUNTRY) Scotland Co. Mo.

13. NAME Conrad Bertram

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Dora Ackerlaba

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Virgil Bertram
(ADDRESS) Gorin Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wyaconda Mo DATE Oct 24 1933

19. UNDERTAKER Guth & Baskett
(ADDRESS) Wyaconda Mo.

20. FILED Nov 1 1933 J. W. Shivers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1933

22. I HEREBY CERTIFY, That I attended deceased from October 20th, 1933, to Oct 20th, 1933
I last saw him alive on Oct 26th, 1933. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
(sudden)
G. A.
Other contributory causes of importance:
Date of onset

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Roberts M. D.
(Address) Wyaconda Mo

